



Robert E. Bush
Naval Hospital

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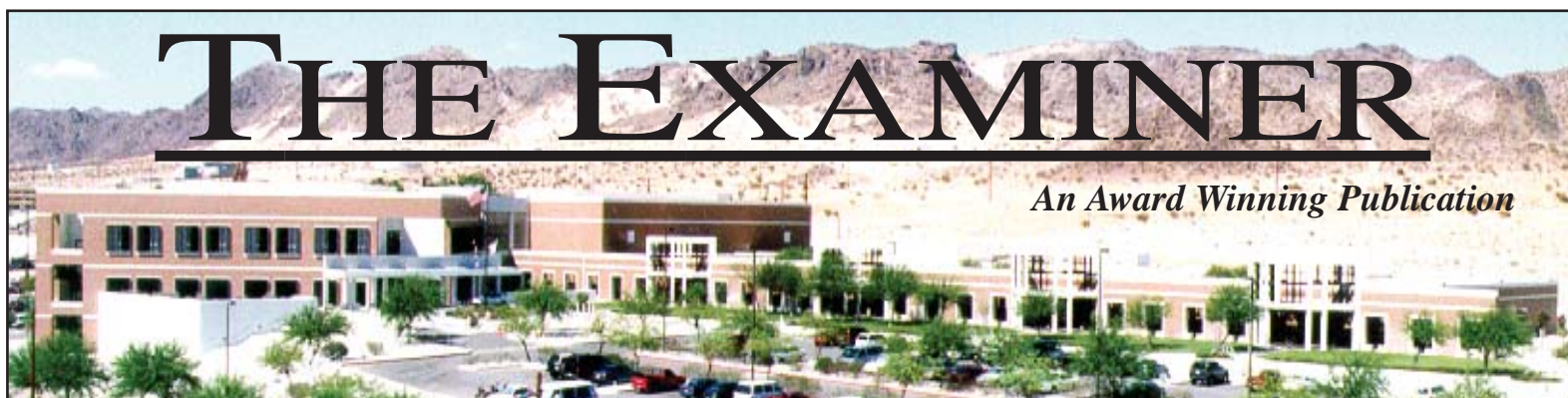
- * Through the ICE website.
- * The Hospital Customer Relations Officer at 760-830-2475, or any of the Customer Relations representatives in the Hospital clinics, or directly to the Joint Commission via:
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Commanding Officer
Naval Hospital Public Affairs Office
Box 788250 MAGTTC
Twentynine Palms, CA 92278-8250



<http://www.med.navy.mil/sites/nhttp/pages/default.aspx>

People of the Year, Quarter Honored at Hospital



Elsie Clark, Fiscal Dept., was selected as the 2012 Junior Civilian of the Year.



Beverly Enos, Fiscal Dept., was selected as the 2012 Senior Civilian of the Year.



Eugene Dearstein, Material Management Dept., was selected as the Junior Civilian of the 1st Quarter.



HM1 Henry Forcadilla, Radiology, received a Flag Letter of Commendation for being selected as the Senior Sailor of the 4th Quarter.



HM2 Marvin Galapin, Patient Administration Dept., was selected as the Junior Sailor of the 1st Quarter.



Lt. Janelle Mara, a physician in Family Medicine Gold Team, was selected as the Officer of the 1st Quarter.



Pam Angil, Fiscal Dept., was selected as the Senior Civilian of the 1st Quarter.



HM1 Celeste Soza, Laboratory, was selected as the Senior Sailor of the 1st Quarter.

Note: Photos of the Branch Clinic Bridgeport Blue Jacket of the 1st Quarter HN James Gibbens was unavailable at press time.

Dangerous Creatures of Morongo Basin Desert

*By Martha Hunt, MA CAMF
Health Promotion & Wellness
Robert E. Bush Naval Hospital*

With this very cold winter we have had, most of the dangerous creatures of Morongo Basin have been tucked away hibernating for the last few months.

However, as spring is quickly approaching, the desert and its creatures will be re-awakening to begin the cycle of life again.

In fact, if you have been watching, small lizards have been sunning themselves on rocks on warm days.

If you have been in Twentynine Palms for a while, some of these creatures may not be so scary anymore. If you are new to Twentynine Palms, you think that everything that crawls, slithers, creeps or flies is going to either kill you or leave you maimed for life. Here is a brief overview of some of these critters, which in the end are not so scary after all when you learn how to avoid them.

The best form of critter prevention is to stay away from them, to eliminate all inviting, homey spots around your home such as piles of lumber and debris, and to seal all cracks and crevices that they can use to crawl into your home. A little spackle and paint does wonders as far as sealing tiny cracks and holes where the critters can enter your home. What may seem to us as paper thin cracks

or holes too small for anything to crawl through are just the right size for insects, lizards, snakes or any other vermin to easily pop through and into your home.

Most critters, either poisonous or semi-poisonous, prefer nice dark, quiet, undisturbed places such as out buildings, wood or debris piles, closets, attics, etc. and they usually only wander out of these spaces when they are hungry or looking for mates. In fact, most critter/human contact is purely accidental on both parts, resulting in the critter biting out of fear.

The two scariest spiders in this area are the Black Widow and Brown Recluse (BR) spiders. While it's correct that there are no true Brown Recluse here in Morongo Basin, their first cousins the Desert Recluse lives here and at first glance can be mistaken for a true Brown Recluse. This cousin of the BR also causes necrotizing bites and so should also be viewed as potentially dangerous. A necrotizing bite is a bite that doesn't heal and continues to fester and spread from the original bite spot. BR bites can take up to 2 months to heal and need to be kept clean like any open wound.

Spider bites and scorpion stings are rarely fatal and when handled properly, can be easily treated as well. Black Widow bites and scorpion stings feel like a pin-prick and progresses in pain and swelling until the whole area is red, warm, and

swollen. The pain may spread to other parts of the body and symptoms may also include nausea, sweating, convulsions and, in rare cases, death.

The only people seriously at risk from Black Widow bites and scorpion stings are the very young or old and those individuals with compromised immune systems. If you are bitten or stung, call your health care provider or poison control number immediately and seek help.

A bite from a Brown Recluse may go unnoticed for eight to twenty four hours before turning red, swelling and beginning to blister. On rare occasions, a severe bite from a BR can cause the skin to not just blister up, but to die back and leave an open sore. Healing may take up to two months and may leave a scar where the sore was. As with the Black Widow bites, BR bites should be promptly treated to

prevent further health risks. And whatever you do, never scratch a BR bite! That makes the wound worse and leaves you open to infection.

Regarding snakes - don't tease snakes! They bite to defend themselves and the snake usually ends up paying for your teasing with its life. It has been estimated that as many as half of all snakebites are provoked by humans purposely scaring the snakes. Of those bites that are not provoked by people, most are below the knee and half are dry (meaning that no venom was injected).

A good rule to follow in Morongo Basin is ... "if it rattles, it's poisonous." Snakes who do not have rattles in Morongo Basin are either non-poisonous or semi-poisonous (they'll just make you ill if bitten, not kill you).

If any snake bites you or

someone you are with, seek medical help immediately! Keep the victim calm, do not ice the wound and do not try to suck the venom from it. This only makes the bite more dangerous and can result in the victim facing an amputation of the limb that has been bitten. Snakebites are rarely fatal, but all snake bite victims need medical assistance! If you or someone around you is bitten, call 911 immediately!

Remember that the best way to avoid the dangerous creatures of Morongo Basin is to steer clear of them. Clean up the debris in your yard and get rid of those comfy hiding places that they live in. Seal all openings to your home and watch where you walk in your yard or when hiking. These creatures will try their best to avoid you and they are hoping you do the same as well.

Is it a spider bite or something worse?

*By Martha Hunt, MA CAMF
Health Promotion & Wellness
Robert E. Bush Naval Hospital*

According to the Centers for Disease Control and Prevention (CDC), if you think you have a spider bite, it might actually be an infection that needs medical attention. It could be a skin infection caused by either Staphylococcus aureus or MRSA.

Staphylococcus aureus, often called "staph" is a type of bacteria commonly found on the skin or in the nose of healthy people. Approximately 30 percent of people have staph in their noses and do not have any symptoms. MRSA, which stands for Methicillin-Resistant Staphylococcus aureus, is a staph bacterium that is resistant to commonly used antibiotics.

In the past, MRSA was found only in healthcare facilities and caused infection in people who were already sick. More recently, MRSA has been in the news for causing infections in otherwise healthy people.

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The Examiner welcomes your comments and suggestions concerning the publication. Deadline for submission of articles is the 15th of each month for the following month's edition. Any format is welcome, however, the preferred method of submission is by e-mail or by computer disk.

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Course Offers Hearing Conservation Technician Certification to Combat Center Corpsmen



Lt. Cmdr. Anne Jarrett, Audiologist at Naval Hospital Twentynine Palms teaches a course to a group of Corpsmen assigned to units aboard the Marine Corps Air Ground Combat Center. This course leads the students to earn a Hearing Conservation Technician Certification.

Eleven students successfully completed and obtained a Hearing Conservation Technician Certification in a course offered at Naval Hospital Twentynine Palms (NHTP).

The course prepared the Corpsmen to support their

Command's Hearing Conservation Program requirements which as of January of last year, requires all Marines to receive annual hearing evaluation and education.

The week long course provided 2 and a half days of classroom presentations and 2 and a half days of DOEHRs-HC software hands-on training.

Students learned about noise and hearing conservation regulations, personal hearing protection devices, employee education, recordkeeping, audiometric testing, and referral and employee follow-up requirements. The certification is valid for 5 years and can be used to apply for civilian hearing conservation certification.

Individuals interested in attending the next NHTP Hearing Conservation Course should contact the NHTP Hearing Conservation Program Manager, Lt. Cmdr. Anne Jarrett at 760-830-2002. The basic requirement for the course is 1 year remaining at the Marine Corps Air Ground Combat Center and the willingness to help prevent hearing loss and tinnitus which is the number one occupational health hazard in the military.

Identifying Postpartum Depression The First Step in Treatment

*By Ensign Thomas Sarti
Multi-Service Ward
Robert E. Bush Naval Hospital*

The birth of a child is often an exciting and joyous experience. Yet, for nearly one in every seven mothers, the birth of a child means dealing with postpartum depression (PPD).

This illness presents itself in many different ways. Often a mother is anxious, overwhelmed, tearful, agitated - or in rare cases - suicidal with an intent on harming her child.

PPD is said to be caused by rapid fluctuations in hormone balances following pregnancy coupled with the onset of stress and responsibility in caring for a new infant.

Many mothers lack the social support system to fully handle the stress. Others are predisposed to mental illness as a result of their family history.

Mothers at highest risk for PPD are often teenagers, smokers, poorly educated, or victims of domestic abuse during pregnancy. Low birth-weight babies and those in the Neonatal Intensive Care Unit (NICU) are also highly correlated to mothers suffering from PPD. Many other factors are associated with PPD; such as: first-time mothers, difficult childbirths, special-needs babies, financial problems, or a recent death in the

family.

Once a mother is in the midst of PPD, she often experiences the following symptoms: anxiety, agitation, hopelessness, poor concentration, and feelings of guilt. Moms often lose their ability to feel pleasure in activities, and experience difficulty in eating regularly or falling asleep. As one can imagine, these symptoms create a vicious spiral into a problem that only becomes worse without proper treatment.

... '14.5 percent of mothers experience depressive episodes that impair maternal role function'...

According to the Journal of American Medical Association, "14.5 percent of mothers experience depressive episodes that impair maternal role function." Mothers are not the only victims of PPD; the child may also suffer. This of course leads to both "short and long-term adverse child outcomes" that include "impaired mental and motor development." In one Israeli study, social and emotional growth outcomes were measured in children whose mothers suffered from PPD. The study found that these children displayed the "lowest levels of social engagement during interactions with their mothers, were

unable to self-regulate during situations that introduced novelty, fussed and cried more often, and their physiological stress response showed both higher baseline levels and a more pronounced stress reactivity." (Journal of the American Academy of Child and Adolescent Psychiatry) In other words, PPD has short and long-term damaging effects on both the mother, and her child.

Treatment for PPD requires a multidimensional approach. Mothers should work closely with their healthcare providers in obtaining the right medication regimen to address their symptoms. Therapy, support groups, sleep and exercise are also critical in managing PPD. Untreated PPD can last over a year.

Post-partum depression is a very common and serious illness. Knowing the symptoms, risk-factors and treatments behind PPD are all productive ways to begin combating this problem. Being aware of what is required to combat this illness is the first step in helping loved ones deal with what can eventually become a deadly psychological issue.

Sources:

U.S National Library of Medicine

National Institute of Mental Health

JAMA Postpartum Depression: A Major Public Health Problem

Prior Authorization for Civilian Maternal Care is Required to Avoid Costs to Military Members

All normal maternity care, including labor and delivery, must take place here at the Naval Hospital, unless a provider determines that it would be best for the Mother or unborn child to be referred to a higher level of care.

All necessary maternity care services require referrals and prior authorizations before that care is sought out. Failure to obtain that referral and authorization could require the patient or sponsor to pay the entire medical costs for the civilian provider and hospital charges.

TRICARE covers medically-necessary services during your labor and delivery including anesthesia, fetal monitoring, and other services required for your care during your stay. TRICARE will cover cesarean section when it's determined to be needed by your provider.

If you choose to have a cesarean section instead of vaginal delivery for personal reasons, you may be responsible for some of the costs associated with that delivery method.

Although commands may grant leave for pregnant active duty service members, if you obtain care outside of the Naval Hospital Twentynine Palms without prior authorization, you may be responsible for the costs incurred.

To verify this information the phone number for TriWest is 1-888-874-9378.

Super Stars...



Heidi Beck, Professional Affairs, receives a 15 Year Federal Service Award.



CS2 Damien Cantrell, Combined Food Services Dept. receives his third Good Conduct Award.



Cmdr. William Schalck, Head, Orthopedic Dept. and Surgical Clinic receives the Meritorious Service Medal.



HM3 Daniel Derose, Patient Administration Dept., receives a second Good Conduct Award.



HMC Robert Davenport, Senior Enlisted Leader for the Clinical Support Services Directorate, takes the oath at his reenlistment ceremony.



Captain Jay Sourbeer, left, welcomes home HMC Ronald Braun who just returned from deployment as an Individual Augmentee. Braun is assigned to the Branch Health Clinic China Lake.



HM3 Daniel Rose, Patient Administration, takes the oath at his reenlistment ceremony.



HM1 Andrea Turner, Respiratory Technician, takes the oath at her recent reenlistment ceremony.



Lt. Qingyuan Cao, Pharmacist, receives a Navy and Marine Corps Commendation Medal.



HM2 Ricky Galan, Maternal Infant Nursing Department, receives his second Good Conduct Award.



Gary Thomas, Safety Manager, receives a 30 Year Federal Length of Service Award.



HM2 Cherise Jones, OB/GYN Clinic, receives a gold star in lieu of her third Navy and Marine Corps Achievement Medal.



HM3 Courtney Marsh, Leading Petty Officer in the Behavioral Health Dept., receives a Navy and Marine Corps Achievement Medal.



Lt. Cmdr Jonathan Locke, a Psychologist in the Behavioral Health Dept., was voted by his departments co-workers for the monthly "Fish" award for excellence in customer relations.

Setting an Example for Others to Follow is one Goal

By Dan Barber
Public Affairs Officer
Robert E. Bush Naval Hospital

The newest member of the Healthcare Business Operations Directorate is also new to the Navy and counts this assignment as his first duty station.

Lieutenant Gabriel Forrey, Medical Service Corps is ready for the challenge of maintaining the hospital's business operations of gathering, measuring and maintaining data collections that provides information to higher authority which in turn will use that information to determine the scope of medical services here and funding to this hospital for patient care.

Forrey may be a new Navy Officer, but he has a world-view experience of healthcare policy though his education and personnel experiences.

Forrey attended high school in Olympia, Wash., where he planned on attending college close to home. "I was planning to go to the University of Washington, but one day in class during my senior year a friend's backpack broke open and a flyer about the University of Hawaii fell out and I saw the photos of the rainbow and the beaches." The 17-year old really didn't know what he wanted to do at the time, "but I did know that I wanted to go somewhere really cool. So I got in there (University of Hawaii) and headed out there for a few years," said Forrey.

Forrey's planned educational path at the time was to become

a medical doctor with his undergraduate studies in Biology. While in Hawaii, Forrey also volunteered to work with the Cancer Research Center of Hawaii. "They were looking at the prevalence of underage drinking incidents on the island of Oahu. I was 17 and in my freshman year of college. I worked a sting operation with two undercover police officers where I would go to drinking establishments all over the island and try to buy alcoholic beverages. We found that about 40 percent of all establishments that I would try to buy from would sell to underage people." According to Forrey those establishments were fined \$1,000 for the first violation, \$3,000 for the second violation and permanent loss of their liquor license for their 3rd violation. "That was my Hawaii 5-0 experience," he added.

Following Hawaii Forrey then headed to New York where he got a job as a paralegal at the law firm of Weitz and Luxenberg where he worked for a couple of years on medical case analysis. That experience lit an interest in Public Health so he thought about getting a Masters in Public Health (MPH). But, according to Forrey, he needed to get his grade-point-average up to be more competitive so he enrolled at Yale University to accomplish the task and complete his MPH. At Yale he earned a Master's Degree in Public Health with an emphasis in Health Policy, Administration and Global Health.

During a summer Internship

for UNICEF, originally known as the United Nations International Children's Emergency Fund, Forrey was sent to India. There he worked with 3 other Interns on a case study (Delivering Primary Healthcare and Education to the Brahmaputra River Islands: A Case Study of the Akha: Boat of Hope) which is a method the Indian Government uses to deliver health care to the rural island-dwelling populations in the Brahmaputra River in Northeastern India.

"We looked at how health care and educational opportunities were delivered to these river islands. A man, a native from the islands, by the name of Sanjoy Hazarika actually developed the boat program and the first one was called the "Boat of Hope." He would get doctors, nurses, midwives and other support people like lab techs and others to travel by boat to these islands. They would help the island people with the basics of health care like helping those inflicted with Malaria and checking blood pressure doing vital signs and suturing wounds," said Forrey.

"The program has now grown to about 5 boats with the National Rural Health Initiative of India now funding them, and they want to scale that model of health care up to cover all of India because it is such an effective way to get health care out from urban centers into rural India," said Forrey. According to Forrey this model of health care delivery kind of ties into the Navy's Pacific Partnership which first fed his interest in



joining the Navy. "I thought those big white ships were really cool. They have everything on them needed to deliver care around the world, and they go to some really cool places. That was one of the reasons why I joined the Navy," he said. Forrey hopes to deploy on one of the Navy Medicine ships one day, "I always put my name on the list, hopefully I will get picked one day to deploy on one of them."

Another reason Forrey decided to try to make the Navy a career choice was meeting his future wife, Mariana. He met her through an online travel group. Her parents and brother traveled

from Brazil to New York for a visit, so Forrey drove from New Haven, Conn., to New York where he first met his future Bride at the same time as meeting her parents and brother. He went to dinner with Mariana and he decided not to let her get away... so to speak.

Forrey's Global Health work continued as a Program Manager and Teaching Fellow at Yale. He was instrumental in facilitating the group who were to eventually rewrite the Mental Health policy for the 24 million population of Ghana. "One day my boss said that we weren't getting any traction in helping

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Setting an Example...

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Ghana. Having worked with the Director General of Ghana by the name of Dr. Elias Sory, I asked my boss to give me a chance to speak to him so we could maybe get something moving. The focus they (Ghana) had been was on Mental Health policy so the task was to revise the policy for the entire country," said Forrey.

According to Forrey, Ghana's mental health care policy at that time was only for institutionalized care, which meant that everyone who had a mental health issue would be placed in a hospital and stay there until they got well. "So I called him up, he was in Accra, Ghana and I was in New Haven, Conn., we chatted for the better part of an hour about what the issues were, who the stake holders were, what the roadblocks were and I asked him a couple of questions that were very honest simple questions and I asked would you support it and do you think you could support it," said Forrey. "At the end of our conversation he said you know this is something that we really need to look at. He said that he was going to send a delegation to

Yale. He sent five people including some of the leading psychiatrists, the head policy maker and the country's vice-president who was able to reignite the political debate. They came and eventually in 2011 Ghana passed the revised Mental Health reform Act which had at that time been in Parliament for about 5 years," said Forrey. "I'm not the one who wrote the policy, there were some brilliant minds behind that policy. My role was that of a facilitator for getting the people together, which was a feather in the cap of the Yale program and the Director General in Ghana."

Other international projects Forrey worked on included for the countries of Rwanda and Ethiopia then at the end of 2011 the Navy gained a highly experienced and trained Medical Service Corps officer.

"I no longer had the drive to get my MD, and I met my future wife at the time. So, it was one of those decisions that I had to think long and hard about, changing the course of my life at the time. That was when I started thinking about

the Navy as a career and being able to transition into a career vice doing something short-term," Forrey said.

"In addition to my educational experiences, I participated in extracurricular activities in high school and college that, along with my paralegal work, has contributed to my ability to serve as the command collateral duty legal officer," said Forrey.

"In high school I served as the student representative on a panel and we would adjudicate cases for other juveniles. It's funny because now I am the collateral duty legal officer here, so the legal business kind of follows me throughout my life. It was very interesting (the high school experience) because they would bring the kids in for very minor offenses, nothing like murder or anything like that, but for things like shop-lifting or drinking under age. The court adjudicator wasn't a judge, but they would decide what the sentence would be, juvenile detention or community service, which was based in part from my input. That experience gives me the ability now to try to understand where someone who violates the UCMJ is coming from and gives me the ability to advise the CO without bias in a straight forward manner. The

legal process is sort of a unique beast and it is very helpful to have perspective and do your homework.

When not busy with work Forrey is learning rock climbing at the Joshua Tree National Park, taking photos or traveling to Las Vegas to visit with his wife, Mariana, who is studying at the University of Las Vegas, where her goal is to earn a doc-

torate in Physical Therapy.

Forrey's leadership philosophy is to lead by example and to be gentle but firm, "I guess some people would call it saying what you mean and meaning what you say... in that sense I am not going to jump to conclusions. I'm not going to come in with a presumption about how someone is... are they late because something happened or are they

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Something worse...

(Continued from page 2)

What types of infections does MRSA cause? Most MRSA infections outside of hospitals are minor skin infections that may look like a spider bite - sores or boils that often are red, swollen, painful, or have pus or other drainage. These skin infections commonly occur either at sites of breaks in the skin such as cuts and scratches or areas of the body covered by hair (for example, the back of the neck, groin, buttock, armpit, or beard area of men).

Like other causes of skin infections, MRSA is usually spread from person to person through direct skin contact or contact with shared items or surfaces such as towels, razors, used bandages, and weight-training equipment surfaces. MRSA might spread more easily among Marines and Sailors because they have repeated skin-to-skin contact, get breaks in the skin such as cuts and abrasions that if left uncovered allow staph and MRSA to enter and cause infection, share items and surfaces that come into direct skin contact and have difficulty staying clean

Anyone can get a Staph infection. People are more likely to get a Staph infection if they have: skin-to-skin contact with someone who has a Staph infection, contact with items and surfaces that have Staph on them, openings in their skin such as cuts

or scrapes, crowded living conditions or poor hygiene.

How do you protect yourself from getting MRSA and other skin infections? Keep your hands clean by washing frequently with soap and water or using an alcohol-based hand rub. Do not share bar soap and towels. Wear protective clothing or gear designed to prevent skin abrasions or cuts. Cover skin abrasions and cuts with clean dry bandages or other dressings until they are healed. Avoid sharing personal items such as towels and razors that contact your bare skin. Do not share ointments that are applied by placing your hands into an open-container.

If you think you have a MRSA infection, tell your health care provider. Watch for redness, warmth, swelling, pus, and pain at sites where your skin has sores, abrasions, or cuts. Sometimes these infections can be confused with spider bites.

Treatment for MRSA skin infections may include having a healthcare professional drain the infection and, in some cases, prescribe an antibiotic. Do not attempt to treat an MRSA skin infection yourself. Trying to drain it yourself could make it worse or spread it to others. This includes popping, draining, or using disinfectant on the area. If you think you might have an infection, cover the affected skin, wash your hands, and contact your healthcare provider.

Emergency Room Procedures Explained

The Naval Hospital Twentynine Palms Emergency Medicine Department otherwise known as the Emergency Room (ER) can be a confusing place to receive healthcare.

The staff will do everything they can to help answer any questions that you may have during your visit.

Every ER must prioritize patients so that critical and life threatening illnesses are treated first. This may mean that less serious illnesses may not be seen in the order that they come in to the ER. The staff tries very hard to keep the waiting time to a minimum, but wait time may vary with the number of patients and the severity of the illnesses that are being treated.

If you find that you need to bring yourself or a family member to the hospital's emergency service, here are some things that you can do that may improve your visit. Bring a list of medications and correct doses. If you don't know these, then bring the medications in with you. Be sure to let the triage nurse know of any aller-

gies or significant medical problems that you may have. Have someone available to drive you home. Sometimes the ER staff will give medications that don't allow you to drive.

Every patient will receive attention as quickly as possible. The hospital's busiest ER times are evening hours, on weekends and holidays.

To help you through your visit to the ER, here is an example of a typical visit: Check in at the ER Registration Desk. First and foremost you will be afforded patient privacy at all times. If standing in line to check in, please allow the person in front of you privacy. The medical clerk will create a chart to document your visit. You will be asked why you are here and current address, phone and insurance information.

The triage nurse is the first health professional you will see. He or she will need descriptions of your illness, medications and allergies. Patients waiting for treatment will be prioritized by need severity of symptoms and condition on presentation. The triage nurse can provide first aid supplies, such as Tylenol,

Motrin, bandages, splints or ice packs if needed. Your blood pressure and temperature will be recorded at this time. You may be asked to provide a urine sample, visit radiology for x-ray imaging, or have a blood sample drawn during this phase of your visit. Following this initial evaluation of your injury or illness, you will be directed to the appropriate waiting area.

The hospital's ER will try to minimize the time spent in the waiting area. Your comfort, while waiting, is important to us. We ask that you refrain from eating or drinking while awaiting treatment. Those accompanying you are welcome to use the hospital's Ship's Store located on the first floor, which is only open during normal business hours. However, there are snack vending machines located in the ER waiting area.

As soon as possible, you will be called and taken to a bed or room in the ER for an appropriate evaluation and treatment of your problem.

A healthcare provider will perform a physical examination. If injury or illness requires a specialist, one will be consulted to

aid in your evaluation. The ER at times can be very busy and crowded.

If your medical problem does not require hospital admission, you will be discharged from the ER. Written instructions detailing home care procedures will be explained by a health care professional and given to you. Please do not hesitate to ask questions regarding your concerns. At, or before discharge

you may receive a follow-up referral or prescription for medication. Appropriate actions to facilitate either will be explained by a health care professional. The hospital's pharmacy is located on the first floor, across from the Radiology department.

Feel free to offer comments to the Emergency Medicine Department's Customer Service Representative if you have any concerns or would just like to offer your appreciation for the service you were provided.

Shuttle Service Available For AD

Transportation will be provided to Naval Medical Center San Diego (Balboa) and Naval Hospital Camp Pendleton for all Marines and Sailors.

Shuttle will run on Tuesdays and Thursdays. Due to limited resources at this time, please ensure your appointments are scheduled between 9 a.m. and no later than 2 p.m.

All runs will depart at 5 a.m. from the Marine Corps Air Ground Combat Center (MCAGCC) base theatre.

Coordinate appointments through the G-4, MCAGCC Medical Shuttle Service Office (Cpl Roger Moorow, email: roger.moorow@usmc.mil phone number: 760-830-4237 or Naval Hospital Twentynine Palms Marine Liaison, SSgt Joseph Saunders, email: Joseph.Saunders@med.navy.mil phone number: 760-830-2189)

Requests must be turned in by noon one week prior to your appointment date.

Setting an Example...

Continued from page 7

late to be rebellious," Forrey said. "As a leader I would like to be someone people emulate because they want to and they respect me. Also, I aspire to be thoughtful, wise, helpful and considerate."

"My most memorable Navy experience was the moment that I arrived at NHTP. I was sur-

prised by the warm welcome that I received here from all the junior officers, I really didn't expect that. They made my first impression of the Navy as being a big family.

A good friend of mine in San Diego, who was in the Navy Line community for a long time and retired as a senior flag offi-

cer, told me when he learned that I was coming out here to a small command for my first duty station that it would be really good for me. He said that I would get to do something that really mattered and stand out. I was told that the whole experience is what you make of it... it can be a really great experience if you make it so."

Patients seen in January -- 14,119

Appointment No Shows in January -- 918

In January we had a 6.1 percent no show rate. We need to keep trending downward by keeping the appointments we make, or by canceling in enough time for someone else to use the slot...

To help patients obtain appointments, the Naval Hospital now shows the number of open appointment slots each day on the hospital Facebook site, check it out.

To make an appointment call -- 760-830-2752

To cancel an appointment call -- 760-830-2369